

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83202061

GENERATOR NAME AND MAILING ADDRESS

SHILEY Inc (SIII)
17600 Gillette Ave Irvine Ca 92714

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

(714) 250-8385

CADD0044967550

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP

12504 E. WHITTIER BLVD

WHITTIER CA 90602 (213) 698-0991

VEH./CONTAINER NO.

EPA ID NUMBER

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.DISP.
METH

1. ACETONE

11090

50 Gals

01 DM 212 01

2. Isopropyl Alcohol

11219

150 Gals

03 DM 212 01

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PPM

1. Acetone - Spent

94 91

X

1. Water

10 10

X

2. Isopropyl Alcohol - Spent

95 92

X

2. Water

10 10

X

SPECIAL HANDLING INSTRUCTIONS

Gloves

200 gals. waste

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

FRANK PIPPIN Frank Pippin

01

26

87

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Henry R. Solomon Henry R. Solomon

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

01

26

87

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD Facility must complete waste number.
See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

STEVE SIMPSON Steve Simpson

CADD042245001

02

03

87

Printed or typed full name and signature

S-8022A-11/82

TSD F SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED
IN BY TSD F